

**RECEIVED
CENTRAL FAX CENTER****OCT 19 2007**

Martin Weeks
1750 P Street, N.W., Suite 301
Washington, DC 20036
Telephone (405) 229-4419

October 19, 2007

Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

SENT BY FAX TO: (571) 273-8300

Dear Sir or Madam:

I am sending several Change of Correspondence Address forms (SB 122 and SB 123) to you to associate my Customer Number with the files listed in the forms. These files include:

Pending Patent Applications

App. No.	Filing Date	First Named Inv.	Abbrev. Title
10/763,830	1/22/2004	Flaniken	Garment
11/482,383	Abt. 7/05/2006	Flaniken	Garment
11/266,457	11/03/2005	Eichler	Spill Prevent. Sys.
60/707,908	08/12/2005	Eichler	Safety Valve
11/434,293	05/15/2005	Lurtz	Medical Rec. Website
11/707,814	02/13/2007	Baker	Handle Body
11/707,297	02/13/2007	Baker	Foot Assembly
11/707,815	02/13/2007	Baker	Handle Assembly
11/781,084	07/20/2007	Baker	Shoulder Support
11/766,630	06/21/2007	Hey	Massage Wands

Issued Patents:

Pat. No.	Issue Date	First Named Inv.	Abbrev. Title
6,988,462	01/24/2006	Zhu	Memory Assist Device
7,258,351	08/21/2007	Eichler	Safety Valve

Oct. 19. 2007 2:43PM

No. 0208 P. 2

If you have any questions, please give me a call at the number listed above.

Sincerely,

Martin A. Weeks

Martin A. Weeks

USPTO Reg. No. 37,753

Oct. 19. 2007 2:43PM

RECEIVED
CENTRAL FAX CENTER

No. 0208 P. 3

OCT 19 2007

PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0851-0036
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/763,830
Filing Date	January 22, 2004
First Named Inventor	Kenneth B. Flaniken
Art Unit	3765
Examiner Name	Allssa Hoey
Attorney Docket Number	P2004/001

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

37,753

OR

☐ Firm or
Individual Name Martin A. Weeks

Address 1750 P Street, N.W., Suite 301

City Washington

State
DC

Zip 20036

Country United States

Telephone (405) 229-4419

Email
marlnweeks@lawyer.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or agent of record. Registration Number 37,753☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____Signature *Martin A Weeks*Typed or Printed
Name Martin A. Weeks

Date 10/19/2007

Telephone (405) 229-4419

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.